Wisconsin OCI

Exh #: __1 3

Case #: 18 - C 42836

FORM AA CONSENT TO JURISDICTION STATEMENT

Filed with the Office of the Commissioner of Insurance, of the State of Wisconsin

BY

Brickell Insurance Holdings LLC

On Behalf of the Following Insurer

Name

Statutory Address

Unigard Indemnity Company

One General Drive Sun Prairie, WI 52596

Date: August ______, 2018

Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:

Lloyd Yavener 218820 Huntmaster Road Gaithersburg, MD 20882 240-838-0302 lloyd@atlas.us.com

CONSENT TO JURISDICTION

Brickell Insurance Holdings LLC, a proposed affiliate of Unigard Indemnity Company, an insurer authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., does hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin upon acquiring control of Unigard Indemnity Company.

SIGNATURE

Brickell Insurance Holdings LLC behalf in the city of	has caused this statement to be duly signed on its and state of <i>Florida</i> on the
(SEAL)	BRICKELL INSURANCE HOLDINGS LLC BY Name: Steven Pasko Title: Manager and Sole Officer of Brickell Insurance Holdings LLC
Attest: Sym Syll Name: 50m / 6 bay/s	_
C	ERTIFICATION
dated August, 2018, for and on beha is the Manager and Sole Officer of such of file such instrument. Deponent further say	s that deponent has duly executed the attached statement alf of Brickell Insurance Holdings LLC; that deponent company, and that deponent is authorized to execute and ys that deponent is familiar with such instrument and crein set forth are true to the best of deponent's
Subscribed and sworn to this	MARLON ODDO Notary Public - State of Florida My Comm. Expires Jan 24, 2019 Commission # FF 164782